North Carolina Mental Health Planning and Advisory Council
Royster Building, Room 210, Dix Campus
May 6, 2005
10:00 a.m. – 3:00 p.m.
Meeting Minutes

Members Present: Libby Jones, Jeff McLoud, Sheila Wall-Hill, Ed Seavey, Pat Solomon, Mary Bethel, Dan Fox, Laura White, Diann Irwin, Carolyn Wiser, Lucy Dorsey, Densie Lucas, Richard Greb, Ellen Holliman, Esther High and Tisha O'Neal Gamboa.
Staff to Council: Susan Robinson, Rhoda Miller (back-up to Susan Robinson), Rachel Holley, Jennifer Stirling, and Lisa Jackson.
Others: Antonio Coor, Dr. Martin Pharr, Bob Kurtz, Joe Donovan, Cecilia Burress

Handouts

1. *MHPC Member Attendance Update*
2. *MHPC Membership/Address List*
3. *05-06-05 MHPC Meeting Agenda*
4. *03-04-05 Draft MHPC Minutes*
5. *"Police Pocket Guide: Responding to Youths with Mental Health Needs"*
6. *"Jail Diversion in North Carolina"*
7. *"Mental Health Courts: An Advocate's Perspective"*
8. *SAMHSA Webcast Series flyer: Self-Direction in Mental Health-From Ideas to Action: Funding Self-Directed Care in Mental Health and Helping People Make It Happen. Implementation at the local level.*
9. *Excerpt from House Bill 1414-Ratified: Study Issues Related to Mentally Ill Residents of Long-Term Care Facilities [Section 10.2. (a)]*
10. *Person Centered Planning: The Foundation to System Reform*
11. *"Promoting Self-Determination for Individuals with Psychiatric Disabilities through Self-Directed Services: A Look at Federal, State and Public Systems as Sources of Cash-Outs and Other Fiscal Expansion Opportunities" Draft*
12. *"Exploring Personal Assistance Services for People with Psychiatric Disabilities"*
13. *Employment/Supported Employment Workgroup, February 11, 2005 Minutes*
14. *Actual and Proposed Local Management Entities (LMEs) as of March 2005*
15. *Revised Person-Centered Planning-practice Systems and Policy*
16. *Notice of Public Meetings for Vocational Rehabilitation State Plan informational flyer*
17. *Letter to the Mental Health Planning Council from Ed Seavey regarding independent advocacy*
18. *Reimbursement Form*

Call to Order/Introductions

Libby Jones, Chair of the Council, called the meeting to order. She welcomed all members. Lisa Jackson explained that the support for the Council was being transferred from the Division Affairs Team to the Best Practices Team (within the Division of Mental Health/Developmental Disabilities/Substance Abuse Services) and as a result of

this, some new staff members would be working with the Council. Rhoda Miller will be attending and serving as back-up to Child Planner Susan Robinson; Jennifer Stirling will be support staff to the Council and will be taking over Rachel Holley's role. Lisa Jackson continues to be the Adult Planner and will also be taking over duties earlier assumed by Darlene Creech. The Council recognized the hard work of the Division Affairs Team staff in providing support to the Council and gave them a round of applause. The minutes of the March 4, 2005 meeting were approved as circulated.

Juvenile Justice Initiatives

Antonio Coor, Consultant with the Justice System Innovations Team, spoke about initiatives for Children and Youth that have involvement with the Juvenile Justice System. The three Projects are Reinvestment in Recovery Plan, the Majors Program and the Durham Project. The Reinvestment in Recovery project will help Mental Health and Department of Juvenile Justice to merge services, costs, service definitions, improving working relations and talking the same language with both systems. The funding for the Reinvestment in Recovery is a Robert Wood Johnson grant. The Majors Program exists in 36 Judicial Districts in North Carolina and is developed to provide Intensive Substance Abuse Services to Juveniles involved with the Juvenile Justice System. The Durham Project is a (one time/ funded) initiative to improve services in Durham for children involved with the Juvenile Justice System and Mental Health. Durham collaborative decided on creative ways to use these funds. The project included a Mobile Crisis Team, whose membership is composed of Law enforcement and MH crisis counselors, to deal with crisis in the community. Also, Intensive Substance Abuse program have been created in the Detention Center. Another result of this project has been the creation of the Rapid Response Home network; this network provides Respite Emergency services for youth. There are 12 homes in this network and they are paid a base retainer and this is supplemented by level 2 Therapeutic Home funds.

Dr. Martin Pharr, Clinical Director for the North Carolina Department of Juvenile Justice & Delinquency Prevention, discussed other child initiatives, such as those improvements made in the Youth Development Centers (YDCs); now for those youth remaining in YDCs longer than 10 days, a plan must be developed, and this is done with input from the child and family members. Children move from detention centers to assessment centers; typically, they are in YDC assessment planning centers for up to 30 days; during this time, psychiatric, physical, and educational assessments are done, as well as tests to assess IQ level. There are ten state supported detention centers around North Carolina. Each year, approximately 10,000 out of 15,000 children are adjudicated or convicted. Dr. Pharr's staff members provide the court with enough information to assist the court in making a disposition.

Options for children have been expanded in correctional treatment as it had to be improved to more accurately meet youth's needs. Earlier focus was placed on the crime and the committing offense. The system has gone from an offense-based approach to a more needs-based approach with an emphasis on treatment. Licensed staff at the YDCs provide the help and support that is needed.

Commitment Programming:
Based on the needs of the child, family, and community, children are being committed to the Department by the judges. There are two major types of commitment programming:

1) Wilderness Commitment Programming: An example of this program is the Eckerd Youth Initiative for youth on Level 2 Probation status. There are also 20 beds allowed for Level 3 youth; if children on Level 3 fail at this point, they go to a detention facility.
2) Community Commitment Programming: This type of program involves intensive wraparound services in the community. Children remain in their home but have 24/7 supervision, which is spelled out in the plan for that child; a safety plan is also in effect. There are intensive in-home counseling services provided, for the child and family.

The General Assembly gave one-half million dollars to expand provider networks in commitment programming around the State. Providers have to be endorsed by Juvenile Crime Prevention Councils. This is all state funding. Networks are being expanded as court counselors refer families to various support services offered by the local community.

Approaches in treating children are moving from a "what's wrong with you?" attitude to one more treatment-focused and strength-based.

Criminal Justice Initiatives—Adult Initiatives

Bob Kurtz, Ph.D., Program Manager with the Justice System Team from the DMHDDSAS, discussed jail diversion initiatives. The goal of jail diversion programs is to prevent the inappropriate incarceration of persons with mental illness and co-occurring disorders and to divert them through the mental health/developmental disability/substance abuse service system to receive the treatment, services, and/or supports they need to live successfully in the community.

One model of jail diversion that Wake County has selected to use is the Crisis Intervention Team (CIT) Model. Developed initially in Memphis, this model uses officers trained to assess and respond to people with mental illness. They transport people with mental illness to a designated psychiatric crisis center that provides a quick turnaround for the officers, allowing them to return to regular patrol duties, while helping the individual in crisis to get the services that he/she needs. Typically, what has happened in the past is that officers were more likely to arrest an individual, which resulted in about a 2-hour turnaround time, compared to sitting with the individual at a hospital for up to an 8-hour period.

Another initiative is the mental health court which first started in 1997 in Florida. Mental health courts are founded on the principle of therapeutic justice. Treatment is emphasized, not punishment. The judge becomes more of an encourager than a neutral fact-finder. There are more than 70 mental health courts now in the country.

Twelve programs in North Carolina receive funding to continue implementation of jail diversion initiatives. Wake County is adopting the Memphis model of the CIT described above as part of its jail diversion efforts.

Adult and Child Committee Meetings

The Adult Committee, chaired by Jeff McLoud, met and discussed these topics:

1) Medicaid Buy-In: Part of the committee discussion was about the Medicaid Buy-In. North Carolina has a grant between the Division of Vocational Rehabilitation Services and the Division of Medical Assistance to support people with disabilities who choose to work. One of the Medicaid Buy-In models that North Carolina is looking at is one in which those with disabilities who are working or interested in work can purchase Medicaid by paying a monthly premium, based on income. There was a question about how folks with Medicare fit into this option. Individuals, who have Medicare, typically will have worked at some point in the past and will usually be receiving SSDI benefits; these individuals would be eligible for the Medicaid Buy-In (MBI), provided that their earned income and unearned income fall within eligibility guidelines. In fact, these folks may make the best candidates for MBI, as they have usually had previous work experience and participating in the Buy-In would enable them another means by which to possibly get prescription coverage.
2) Peer Drop-In Centers: The Adult Committee discussed the Peer Drop-In Centers and Certified Peer Specialists positions. In some states, these centers area run by consumers in paid positions; the positions are non-medical and are different from the typical Psychosocial Rehab or Clubhouse Model. Individuals are able to come in and speak with some of the paid staff before situations reach crisis or emergent mode. Some of the new proposed service definitions have Certified Peer Specialists positions included. New York and Georgia bill Medicaid through the Medicaid Waiver for Peer Support certification.

   Peer Support Groups: The Adult Committee wants to know more about Peer Support Groups and if there is a mechanism for them to come together and share information? Vermont is one state which has had some state legislation to push for the development of peer support groups. On a more local note, there are Peer Support Groups operating in Durham and Smithfield.
3) National Self-Help Clearinghouse: This is a consumer directory of all consumer-run programs.
4) Division of Vocational Rehabilitation Services: DVR is holding public meetings around the State to get input from consumers in forum settings; this information will be used in the development of their annual State Plan. One of the forum locations will be in Raleigh. Linda Harrington is the new VR Director, recently replacing George McCoy who retired.
5) Local Management Entities (LMEs) will take on the function of endorsement of service providers who want to provide Enhanced Benefit Services for Medicaid.

A consistent statewide process is being developed for LMEs to endorse providers who meet specific service definition requirements.

6) Committee members felt that staff retention is a concern for both the Dorothea Dix campus and at the new hospital being built in Butner.
7) Treatment Alternative to Street Crime (TASC): Committee members would like an update on the four regional TASC programs which have been developed through the LMEs and to determine if there is any type of statewide initiative on street crime prevention.
8) The Committee discussed case management and its changing role. A large amount of monitoring is done to provide this service and follow-up is also fairly intensive. Some programs are finding it hard or impossible to generate enough staff positions to cover all of the consumers needing case management. This function will be incorporated into several of the proposed service definitions, such as Community Support, community Support Team, and Assertive Community Treatment Team. LMEs must divest of all services unless granted a waiver by the Secretary of Health and Human Services.

Future agenda topics that the committee expressed interest in included learning more about the homeless population.

The Child Committee, chaired by Sheila Wall-Hill, discussed the following topics.

1) Dr. Martin Pharr continued outlining the opportunities and challenges of serving children with serious mental health and substance abuse treatment needs that are common to both systems and how all systems interface with other systems esp. social services and the schools.
2) Elements in the service flow are being looked at by both systems, including early identification, screening and referral processes that can be streamlined to increase more immediate access/avoid delays in youth getting treatment services. Common screening and assessment tools and triggers are being reviewed for adoption by both systems and other child-serving agencies.
3) Susan reviewed the block grant plan goals, objectives, indicators and measures and members discussed shared outcomes among agencies, such as improving and sustaining school performance and attendance, home permanence, promoting safety, health and well being for children in both systems/all systems were discussed. Identifying common indicators and measures is of interest. Status of the work done in the state to date to attain these objectives was reviewed in preparation for completing the federal block grant plan for the next federal fiscal year (plan is due in Sept.1).
4) Pat and Libby discussed the State Collaborative's and community collaboratives' interest and efforts to plan for outlining common assessment tools, training and evaluation.
5) School mental health services were outlined. Susan and Pat provided an update on the work of a standing committee of the State Collaborative to engage in a 5 yr strategic planning process for the state regarding school mental health services. Three days will be committed to a planning forum to draft the plan through

national special education & mental health directors funding. The draft will then be reviewed with focus groups and existing stakeholder meetings planned to obtain input on the plan and finalize by the end of December for implementation. Members of this committee will be included in this process starting in August.

6) School mental health information, PATH and homeless update, transition population efforts are recommended topics for the August and/or September meeting of this committee.
7) Recommended meeting topics for the full Council meeting in August or September from this committee include: outcomes tools and the NCTOPPS, SOC evaluation data to date and other relevant QM information.

Person Centered Planning

Joe Donovan, Disability Rights Specialist, spoke about person centered planning and self-directed supports. In terms of a historical perspective, there are 10 different Real Choice Grants which are systems change grants; these require the development of consumer advisory committees and are looking at issues "across disability lines." One major issue is consumer direction from different disability groups and how this will be developed. This topic has helped spearhead the momentum in bringing person centered planning and self-directed supports to the forefront of Mental Health Reform.

Another concept closely aligned to person centered planning is self-directed support. Again, the fields of Mental Health and Substance Abuse have typically been "behind the pack" in terms of implementing self-directed supports (compared to those with Developmental Disabilities), but this has been due in part to funding issues. A project was started in Florida by the Planning Council to apply the self directed support model to both Child Mental Health and Adult Mental Health programs, and it has been very successful. Piedmont has a special waiver that provides for person centered planning and self-directed supports to all individuals with Developmental Disabilities and other individuals as well.

Joe showed the video, "Your Choice: An Introduction to Consumer-Directed Care in Aging Services," which was produced by the Division of Aging. This short tape examines the success realized by two individuals who have been able to use self directed supports to maintain their independence and functioning.

Updates

Division Updates:

Lisa reported on Adult Mental Health Division activities. She brought Council members' attention to the excerpt from House Bill 1414 handout, which included study issues related to residents of long-term care facilities who have mental illness. Bonnie Morell represents DMH/DD/SAS on the committee, and it is chaired by Jackie Sheppard, DHHS Assistant Secretary for Long Term Care and Family Services. Mary Bethel is also a member of this committee.

Another videoconference opportunity is set for consumers and their families regarding the new service definitions on May 23, 2005 from 4:30pm—8:00pm. Sites will be located around the state.

LMEs will be going through training to get instructions on how to certify the qualifications of service providers with whom they will be contracting. These providers will be delivering Enhanced Benefit Services for Medicaid.

Other updates: House Bill 365 and its companion Senate Bill have been introduced as the "Jobs for All Act." This legislation, if passed, would provide funding to be used toward the cost of long term vocational support services to persons with mental illness and developmental disabilities. Representatives Insko and Nye were the primary sponsors; Coalition 2001 was also a strong supporter in pushing for the legislation to get introduced. This funding would enable individuals to continue to get support on their jobs on a long term basis.

WRAP (Wellness Recovery Action Plan)

Due to lack of time, this topic was deferred until the next meeting.

Wrap-Up

Reimbursement forms were distributed to the members. Council members opted to provide refreshments on a rotating basis, with the Child Committee members providing refreshments for July's Council meeting.